

# UNOFFICIAL COPY

Recording Requested By and  
When Recorded Mail to:  
John S. Schmitt  
6680 W. Hayes Ave.  
Chicago, Illinois 60631

Prepared By:  
John E. Utz  
Attorney At Law  
9149 S. Mozart St.  
Evergreen Park, IL 60642

## AFFIDAVIT - DEATH of JOINT TENANT

STATE OF ILLINOIS )

) SS.

**83687968**

DEPT-11 RECORD TOR

\$23.50

T#6666 TRAN 8174 07/28/93 11:26:00

COUNTY OF COOK )

#0058 # \*-93-587965

COOK COUNTY RECORDER

John S. Schmitt of legal age, being first duly sworn, deposes and says: That Elizabeth Schmitt, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person who is named as one of the parties in that certain Certificate of Title dated July 9th, 1968 and known as Certificate Number 1045939, recorded on July 9, 1968, in volume 2095-2, page 470, of Official Records of the Registrar of Titles for Cook County, covering the following described property situated in the City of County of Cook, State of Illinois:

P.I.N.# 10-31-406-013-0000

lot 24

*Address 6680 W. Hayes Chicago*

In Block Fifty-Two (52) of Ruby and Company's Resubdivision of Blocks Fifty-Two (52), Fifty Six (56), Fifty-Seven (57), and Sixty-Two (62), as platted and subdivided by the Norwood Land and Building Association and being a subdivision of part of Section 6, Town 40 North, Range 13, East of the Third Principal Meridian, and of the South Half (1/2) of Section 21, Town 41 North, Range 13, East of the Third Principal Meridian, COOK COUNTY, ILLINOIS

Dated: April 12, 1993

*[Signature]*  
John S. Schmitt

### Certificate of Notary Public

STATE OF ILLINOIS )

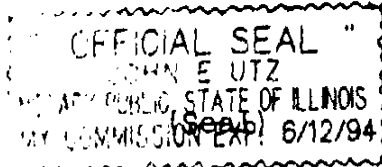
) SS.

COUNTY OF COOK )

On April 12, 1993, before me, John E. Utz, personally appeared John S. Schmitt, personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(s) whose names is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

*[Signature]*  
Signature



*Mail to:*  
*1st National Bank of*  
*7100 W. Oakton*  
*Niles, IL 60714*

*Office*

*Hand holding envelope with 'MAIL TO' written on it*

*879-1000*

RE: TITLE SERVICES

UNOFFICIAL COPY

60014122

Property of Cook County Clerk's Office

60625536

UNOFFICIAL COPY

11/15/2011 10:11:11 AM

Property of Cook County Clerk's Office

93557965



REGISTRATION DISTRICT NO  
REGISTRATION NUMBER **16.10**

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**600782**

DECEASED-NAME: **ELIZABETH M/ SCHMITT** LAST: **SCHMITT** SEX: **FEMALE** DATE OF DEATH: **JANUARY 13, 1993**  
COUNTY OF DEATH: **COOK** CITY/TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO, ILL** AGE LAST BIRTHDAY (YRS): **58** UNDER 1 YEAR: **0** MONTHS: **0** DAYS: **0** DATE OF BIRTH (MM/ DD/ YY): **MAY 3, 1916**

6a CHICAGO 6b RESURRECTION MEDICAL CENTER 6c INPATIENT  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED** NAME OF SURVIVING SPOUSE (MARRIAGE #): **JOHN S. SCHMITT**  
SOCIAL SECURITY NUMBER: **342-07-129A** USUAL OCCUPATION: **Housewife** KIND OF BUSINESS OR INDUSTRY: **11b Own Home** EDUCATION (SCHOOL GRADUATION YEAR): **10**

13 5680 W. Hayes 13a Chicago 13b Chicago 13c Yes 13d COOK  
ZIP CODE: **60631** CITY/TOWN, TWP. OR ROAD DISTRICT NO: **Chicago** INSIDE CITY (YES/NO): **Yes** COUNTY: **COOK**  
14b X NO 14c YES SPECIFY: **MIDDLE**

15 Peter Wingert 16 Eva Adam  
FIRST MIDDLE LAST MOTHER NAME FIRST MIDDLE LAST (MARRIED) LAST

17 John S. Schmitt 17a Husband 17b 6680 W. Hayes, Chicago, IL 60631  
RELATIONSHIP: **Husband** ADDRESS (STREET AND NO) (CITY/TOWN, STATE, ZIP)

18 18 19 20  
CO CAUSE (FROM) (SPECIFY) (SPECIFY) (SPECIFY)  
CO CAUSE (FROM) (SPECIFY) (SPECIFY) (SPECIFY)  
CO CAUSE (FROM) (SPECIFY) (SPECIFY) (SPECIFY)

21 22a SIGNATURE: **[Signature]** 22b JANUARY 14, 1993  
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DATE SIGNED (MM/ DD/ YY)  
22c ROBERT THOMSON MD. 3929 N CENTRAL. CHICAGO IL 60634  
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23 24a St. Boniface 24b Chicago, Ill.  
CEMETERY OR CREMATORY NAME LOCATION CITY/TOWN STATE  
25a M. J. Suereth Funeral Home, 6754 N. Northwest Hwy., Chicago, IL 60631  
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE

26a 26b 26c 26d  
DATE RECEIVED BY LOCAL REGISTRY (MONTH DAY YEAR) DATE RECEIVED BY LOCAL REGISTRY (MONTH DAY YEAR)  
**JAN 15 1993** **JAN 15 1993**

1. VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE REPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

**JAN 15 1993**

93557065

STATE OF ILLINOIS  
COUNTY OF COOK

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS APPLIED.

